


Ohio Bureau of Workers' Compensation

Ohio Harness Horsemen's Association Workers' Compensation 101 May 19, 2022

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Ohio Bureau of Workers' Compensation



Welcome

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Tim is a Regional Business Consultant for Bureau of Workers' Compensation. He is based in Cincinnati and covers a ten-county area in Southwest Ohio.

His background includes 28 years in risk management with BWC, 6 years in management with a national private insurance carrier, 18 years as a Business Technology Instructor at Cincinnati State Technical and Community College, and 15 years as a small business owner-operator. He has earned professional certifications in workers' compensation, risk management, project management and public management.

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Today's Agenda Topics

- What is Workers' Compensation
- Who needs Workers' Compensation Coverage?
- Who is an employee or a contractor?
- Sole Proprietor Elective Coverage
- Personal Accident Coverage

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Ohio Workers' Compensation

- BWC was created by Ohio Constitution in 1913 as an exclusive State Insurance Fund.
- **Premium** is collected and held in State Insurance Fund; used to pay claims costs
- 3rd largest workers' compensation insurer in the US
- In FY 2021:
 - 253,436 employers operated in Ohio
 - 5,485,430 employees working in Ohio
 - \$1.18 billion in annual premiums collected
 - \$1.26 billion paid out in benefits
 - 75,834 new claims filed
 - 579,101 active claims

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What is Workers' Comp?

- **INSURANCE**, just like any other business insurance
- Meant to "indemnify" or "make whole", to return the injured worker to as close as possible to same situation before the accident, injury, or illness
- Pays for medical costs and lost wages arising out of a work-related injury, disease, or death
- Workers' Comp is intended to be a "no-fault" approach to resolving workplace accidents.

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Workers' Comp Covers...What?

- Medical costs
- Wage loss
- Percentage of income
- Loss of earning capacity
- Schedule benefit for injuries (Permanent partial)
- Rehabilitation costs
- Death / burial benefits
- Survivor benefits

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Workers' Comp Covers... Who?

- Varies by state
- 80 to 90% of US workers
- Exceptions can include:
 - agricultural • minors • maritime
 - domestic • charitable • alien
 - casual • hazardous • contractors
 - religious • railroad • sub-contractors
- **Ohio law requires coverage for all employees**

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Coverage Basics

- Employers with one or more employees are required by law to cover employees with workers' compensation coverage through the State Insurance Fund.
- BWC considers officers of a corporation employees for the purpose of workers' compensation coverage

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Coverage Basics

Coverage needed for employees whose:

- contracts of hire have been consummated within the borders of Ohio
- employment involves activities both within the borders of Ohio and where the supervising office of the employer is located in Ohio

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Legal Definition(s) Of Employee

- a person who works for another in return for financial or other compensation
- a person who is hired for a wage, salary, fee or payment to perform work for an [employer](#)
- a person in the service of another under any contract of hire, express or implied, oral or written, where the employer has the power or right to control and direct the employee in the material details of how the work is to be performed

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IRS Definition of Employee

- The standard used by the Internal Revenue Service (IRS) to determine to determine if a worker is an independent contractor or an employee differs from standards used by the Ohio BWC.
- IRS funds collected from payroll taxes and income taxes amount to roughly 80 percent of all federal revenue.

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BWC Definition Differs From IRS

- Even though the IRS may consider a worker to be an independent contractor for tax purposes, the BWC may consider that worker to be your employee making you responsible for providing workers' compensation coverage.
- BWC collects premium from insured employers and pays costs associated from work-related claims.

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Employee or Contractor?

It all comes down to who has control?

- **Behavioral Control:** A worker is an employee when the business has the right to direct and control the work performed by the worker, even if that right is not exercised.
- **Financial Control:** Does the business have a right to direct or control the financial and business aspects of the worker's job?
- **Relationship:** The type of relationship depends upon how the worker and business perceive their interaction with one another.

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Independent Contractor/Employee Questionnaire

Requestor's name: _____ Date: _____

Question	Yes	No
1. Is the person engaged for a single job or assignment from the other contractor party or for the entire or regular performance of work?		
2. Is the person needed for the other contractor party to be operational?		
3. Are the person's services integral to the operational success of the other contractor party?		
4. Is the person needed to perform the work personally?		
5. Are the person's services essential or critical to the other contractor party?		
6. Does the contractor who is the user of the person's services and the other contractor party that services have a written contract or agreement with the person?		
7. Are the person's hours of work controlled by the other contractor party?		
8. Is the person engaged to provide ongoing or continuing services to the other contractor party?		
9. Is the person needed to perform the work on the premises of the other contractor party?		
10. Is the person needed to perform the work of each job by the other contractor party?		
11. Is the person engaged to render services or to be engaged to perform the work on the other contractor party?		
12. Is the person paid by the contractor in regular intervals (weekly, monthly, or quarterly)?		
13. Are the person's services paid for by the other contractor party?		
14. Are the person's vehicles, tools, or equipment furnished by the other contractor party?		
15. Is the person provided with the materials to perform the work?		
16. Does the person's work include a portion of the business of the other contractor party?		
17. Does the person's job include control of the work or the person's work have a number of employees at the work site?		
18. Do the person's services include the same services as those of the person's partner?		
19. Does the other contractor party have a right to discharge the person?		
20. Does the person have the right to sue the contractor with whom the person is performing work without having to file a lawsuit or seek legal action?		

Requestor's name: _____ Date: _____

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Sole Proprietor Partnership

- Owner / operator
- Self employed
- Liabilities & assets are personal
- Legal entity name is the full name of the proprietor
- Not an employee
- Two or more persons co-own and operate
- Each partner shares in profits and losses
- Partners can have unlimited liability
- Not employees
- Types of partnerships: general, limited, joint venture, associations

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Sole Proprietors & Partners

- Sole proprietors and partners are exempt from workers' compensation coverage
- They are required to cover their employees, however
- Can select elective coverage on the workers' comp application
- General contractors should ask for proof of coverage

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Sole proprietors and partners are exempt. However an on-the job injury to a sole proprietor with no workers compensation coverage may result in the sole proprietor having to pay out-of-pocket for all medical because most medical plans outright deny coverage for job related injuries. The OHHA medical plan denies coverage for all workers compensation case injuries under the full plan documents

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Why Ask For Proof Of Coverage?

- Independent contractor's injured worker could file suit against the general contractor if the independent does not have workers' compensation coverage.
- Unexpected claims could jump on general contractor's experience which is used to calculate the general contractor's rates.

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What Does Workers' Comp Cost?

- The appropriate NCCI manual classification is #8279: Stable or Breeding Farm and Drivers: it applies to the training of race-horses, polo ponies and horses for exhibition purposes. Includes jockeys and trainers.
- Below is projected annual cost based on amount of payroll:

Payroll	Premium
• \$25,000	\$1,316
• \$50,000	\$2,632
• \$75,000	\$3,948
• \$100,000	\$5,264

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4123-14-01 (ORC) Non-complying employers within the meaning of the law

An employer, as defined in division (B) of section 4123.01 of the ORC, who either fails to establish industrial coverage and pay premiums to the state insurance fund, as required by Chapter 4123 of the ORC and the rules of the industrial commission and the bureau of workers' compensation, or fails to comply with the requirements for self-insurance under section 4123.35 of the ORC and the rules of the industrial commission or bureau of workers' compensation, shall be regarded as a non-complying employer.

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What If An Employer Does Not Have Coverage?

- If the employer does not have workers' compensation coverage, the employer will be billed for the medical and compensation expenses of the claim (dollar for dollar)
- Plus, prior-to-coverage premium and late penalties will be owed to BWC.

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What If An Employer Has Lapsed Coverage?

- The employer will be billed dollar-for-dollar for the medical and the compensation expenses of a claim that occurs during the lapsed period.
- Catching up the owned premium will not make a difference in the amount owed for the claim filed during the lapsed period.

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Grow Ohio Incentive

Purpose: To foster economic development and job creation in Ohio.

New employers may select one of these options:

- One-time waiver to join a group-experience-rating program after the deadline and receive a premium discount potentially up to 53 % effective on their first day of coverage.
- A 25-percent premium discount
- 200,000+ new Ohio employers have saved over \$45 million in premium

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Agenda

Ohio Harness Horsemen's Association

Workers' Compensation 101

May 19, 2022

- Who needs Workers' Compensation Coverage?
- Who is an employee?
- Sole Proprietor Elective Coverage
- Personal Accident Coverage

8279 ■

PHRASEOLOGY STABLE OR BREEDING FARM & DRIVERS.

Applies to the training of race horses, polo ponies and horses for exhibition purposes. Includes jockeys and trainers.

CROSS-REF. *Club—Riding & Drivers*—clubs employing only clerical office employees shall be classified as Code [8810](#)—Clerical office employees; *Dog Show—Kennel Employees and Drivers*; *Horse Show—Stable Employees & Drivers*; *Livery or Boarding Stable—Not Sales Stable—& Drivers*; *Racetrack Operation—Horse or Dog—Stable Hands or Kennel Employees & Drivers*; *Riding Academy or Club & Drivers*.

SCOPE Code 8279 is applied to insureds who operate racehorse training stables or breeding farms where the training of racehorses, polo ponies or horses used for exhibition purposes is undertaken. Breeding farms where no training activities take place are classified to Code [0083](#)—Farm—Livestock Raising. Code 8279 also contemplates trainers or jockeys when they are considered to be employees for workers compensation purposes.

Stable hands employed by horse racing tracks as well as kennel employees employed by dog racing tracks are classified under Code 8279 as they are exposed to the handling of the animals. Stable employees include lead-out persons and horse handlers such as exercise persons and hot walkers. Kennel employees include lead persons who, prior to a race, help weigh in, blanket and muzzle the dogs; lead the dogs around the track for exhibition purposes; and then retrieve the dogs following a race.

Code 8279 also is applied to insureds engaged in the operation of riding academies or riding clubs where one may obtain instruction in riding or the treatment or care of horses.

Riding or hunt clubs (not shooting) maintain and stable a number of horses, some of which may belong to individual members. Hunt clubs additionally engage in feeding, cleaning and training foxhounds, which is contemplated within the scope of this classification. Refer to Code [9180](#) for shooting clubs.

Code 8279 also is applied to stable employees or kennel employees who handle the animals at horse shows or at dog shows. The classification includes the feeding, grooming and general care of the horses and dogs.

Code 8279 also is applied to insureds engaged in the operation of livery or boarding stables. These stables may board horses owned by the insured or others. The classification contemplates the maintenance of the stables and any equipment utilized in the operation of the stables as well as the feeding, grooming and general care of the horses.

By analogy, insureds engaged in the business of providing dogs to locate illegal drugs are also classified to Code 8279. This classification would not apply to employees of a police department who, as part of police department operations, provide dogs to locate drugs.

Refer to Code [8831](#) for insureds who operate boarding kennels for animals.

NOTICE: Although the *formatting* of this online manual, including any state exceptions, may differ from the hard copy, the *content* is identical.

Ohio Harness Horsemen's Association

Sole Proprietor Premium Manual Classification 8279 at Base Rate .0400 (4%)

Policy period July 1, 2022 to June 30, 2023

2022 Base Rate with administrative assessments(blended rate)= .052636

2022 Group Grow OH rate with -53% discount = .024739

Minimum reportable wages per person per week	Minimum reportable wages per person per reporting year	Premium paid at Base Rate No discount	Maximum reportable wages per person per week	Maximum reportable wages per person per reporting year	Premium paid at Base Rate No discount
\$543	\$28,236	\$1,486.23	\$1,628	\$84,656	\$4,455.95

Minimum reportable wages per person per week	Minimum reportable wages per person per reporting year	Premium paid w/Group Grow OH - 53% discount	Maximum reportable wages per person per week	Maximum reportable wages per person per reporting year	Premium paid w/Group Grow OH - 53% discount
\$543	\$28,236	\$698.53	\$1,628	\$84,656	\$2,094.30



Have questions? Need assistance? We are here to help!

Call 1-800-644-6292 and listen to the options to reach a customer service representative available Monday through Friday from 7:30 a.m. to 5:30 p.m. EST.

Visit our website for more information at www.bwc.ohio.gov.

Complete all required fields (*) to avoid processing delays.

Applications without a \$120 non-refundable application fee will be returned, not processed and delay the effective date of coverage.

How to apply

- **Online:** at www.bwc.ohio.gov by completing all required fields and submitting payment of \$120 using Visa, MasterCard, American Express, checking account, or savings account.
 - Save in progress will allow you up to fifteen (15) days to complete the application process.
 - Coverage is not in effect until the date the application with \$120 is submitted successfully to BWC.
 - State-fund public employers – defined as school districts, counties, townships, or other public employer taxing districts will need to provide a copy of the resolution, meeting minutes signed by an appointing authority, and any court order creating the entity. This information will be requested when your application is being processed.
 - Live chat support is available Monday through Friday, 8:00 a.m. - 5:00 p.m.
- **By mail:** Complete all required fields on this application, along with any additional details, and mail the completed, signed application with a check/money order for \$120 to:

Ohio Bureau of Workers' Compensation
P.O. Box 15698
Columbus, OH 43215-0598
Payable to: Ohio Bureau of Workers' Compensation
- Coverage is not in effect until the completed application, with the \$120 application fee is received by BWC.
- **In person:** Refer to the BWC service office locator www.bwc.ohio.gov under Contact Us for a local service office to drop off an application with a check/money order for the \$120 nonrefundable application fee for processing.

Facts about a policy

- State-fund private employers, policies **renew every July 1** until you request cancellation in writing. (Ohio Administrative Code, (OAC) 4123-17-01(A))
- State-fund public employers will **renew every January 1** until you request cancellation in writing. (OAC 4123-17-01(B))
- Volunteers cannot be covered under a policy unless they meet the definition of an emergency volunteer.

- An officer of a nonprofit entity who volunteers his/her services as a corporate officer to a nonprofit entity is not considered an employee for workers' compensation purposes and should not be included in payroll.

Who needs a policy?

- Any entity or employer with employees whose hiring contract was completed within the borders of Ohio.
- Any entity or employer with employees and the employer's main supervising office is located within Ohio.
- Corporations with more than one owner/officer, the owner/officers meet the definition of statutory employee and are subject to minimum/maximum reporting of payroll unless meeting criteria for exclusion. See elective coverage for more information.
- Independent contractors and subcontractors with employees.
- Domestic household employer who pays a worker at least \$160 in a calendar quarter, or any consecutive 13-week period. Job duties often include cooking, gardening, house-keeping, babysitting, etc.
- Domestic household employers hiring a contractor to perform home improvement and/or construction activities you may want to verify they have their own active workers' compensation coverage.
- Sole proprietors or partners, and an individual incorporated as a corporation without employees if they wish to obtain coverage for themselves.

Required fields/areas are indicated by an asterisk (*) and must be completed to avoid processing delays.

General Information*

- Legal business name/homeowner
 - Legal business name includes name(s) of individual(s) for a sole proprietor, partnership, or domestic household employers (homeowner).
 - Please limit the name to 40 characters. If additional space is needed, either abbreviate or use the "doing business as" name(s) field for any overflow.

Instructions

Identification number*

- Federal Identification number or social security number for the business.

Do you currently have any employees earning wages in Ohio? Or do you plan on hiring employees within the next 12 months?*

- If *yes*, provide the date you first hired an Ohio employee, or plan to hire an Ohio employee in the next 12-months.
 - Ohio Revised Code (ORC) 4123.01 – definition of an employee and includes corporate officers earning wages in Ohio as statutory employees, subject to minimum/maximum payroll reporting.
- If *no*, answer the No Employee Questionnaire at the end of this form.
- A no coverage penalty will be calculated from the first hire date through the effective date of the policy.
- Estimated no coverage penalty is calculated using the 12-months payroll estimate and classification for employees.
- The no coverage penalty will be adjusted if actual payroll is provided.

Business address(es)*

- Primary location
 - P.O. Box is not permitted.
 - Ohio location preferred.
 - If you are an out of state entity or there is no physical Ohio location for the business, provide the location responsible for handling and resolving your policy issues.
- Mailing address
 - All policy related correspondence, including invoices.
- Additional locations
 - To cover an additional entity under one policy, it must have the same ownership group.
 - If more than one, attach to the end of the application.
- Business communication
 - Business email
 - Business phone
 - Mailing address attention to individual may be added for mailing policy correspondence.
 - Business website
 - Business fax

Contacts*

- Up to two contacts may be added.

Business entity type*

- Association - In general, an association is a group of persons banded together for a specific purpose.
- Corporation – Conducts business, realizes net income or loss, pays taxes and distributes profits to shareholders.
- Family farm corporation – A corporation founded for the purpose of farming agricultural land in which the majority

of the voting stock is held by and the majority of the stockholders are persons or the spouse of persons related to each other within the fourth degree of kinship, according to the rules of the civil law, and at least one of the related persons is residing on or actively operating the farm, and none of whose stockholders are a corporation.

- Individual incorporated as a corporation (I-corp) – A corporation with one sole owner/officer and no employees.
- Limited liability company acting as a corporation – An entity created by state statute and the number of members may vary.
- Limited liability company acting as a partnership – A domestic limited liability company with at least two members is classified as a partnership for federal income tax purposes unless designated on IRS Form 8832 to be treated as a corporation. Required at least 51% ownership provided to continue processing without delays.
- Limited liability company acting as a sole proprietor – If an LLC has only one member and is classified as entity disregarded from its owner, its income, deductions, gains, losses, and credits are reported on the owner's income tax return.
- Limited partnership – For professional partnerships, such as law firms or accounting firms. Required at least 51% ownership provided to continue processing without delays.
- Partnership – A relationship existing between two or more persons who join to carry on a trade or business. Each person contributes money, property, labor or skill, and expects to share in the profits and losses of the business.
- Sole proprietor – Someone who owns an unincorporated business by himself or herself.
- State/local government – The state, including state hospitals, each county, municipal corporation, township, school district, and hospital owned by a political subdivision.

Charter details

- Any limited liability company, corporation, or association must provide:
 - Charter details are often filed and provided by the Secretary of State's office in the state in which the entity is registered.
 - Charter number
 - Incorporation date
 - State of incorporation

Homeowner/Domestic employer

- Make the appropriate selection of the job description or duties for a domestic employee.
- One who pays workers \$160 or more in any calendar quarter from a single household. BWC defines a calendar quarter as any consecutive 13-week period.

Instructions

Special employer types

- For Professional Employer Organizations (PEO) refer to Ohio Revised Code 4125, et seq., Ohio Adm. Code 4123-17-15 for appropriate statutes and rules.
- For Alternate Employer Organizations (AEO) refer to Ohio Revised Code 4133, et seq., Ohio Adm. Code 4123-17-15 for appropriate statutes and rules.
- Respond to the special employer type questions.
- These employer types will have additional forms required for processing and to ensure the proper coverages are issued.

Out-of-state considerations

- Ohio employers with Ohio employees working outside the state and have coverage in the other state for exposure.
- Will need to file form U-131 Notice of Election to Obtain Coverage from Other States for Employees Working Outside of Ohio.
- Other states coverage may be an option for these employers to seek.

Elective coverage

- Coverage on certain owners or ministers is voluntary. Listed below are the individuals who qualify for elective coverage (OAC 4123-17-07).
 - Sole proprietor
 - Partnership
 - Limited liability company acting as a sole proprietor
 - Limited liability company acting as a partnership
 - Family farm corporate officers
 - Ordained or associate minister of a religious organization
 - Individual incorporated as a corporation (I-Corp)
- Acknowledgement required for reporting requirements and how to cancel.
How much will it cost?
- Minimum/maximum reporting guidelines. (OAC 4123-17-30)
- Ordained ministers and associate ministers of a religious organization report their actual payroll, with no applicable minimum.
- Job duties and business pursuit determine the classification & rate for premium.
- Every July coverage renews and will continue to be charged until you request cancellation in writing.
- Example: Coverage added July 1, 2020 for a sole proprietor who does roofing, receiving no discounts, and makes under the minimum payroll required to report for the year.
 - $\$25,480 * .099625 = \$2,538.45$ annual premium from July 1, 2020 through July 1, 2021What about independent contractors or sub-contractors?
- If you are an independent contractor or sub-contractor applying for a policy, and you are applying as a sole proprietor, coverage on yourself is elective.
- If adding elective coverage, premium will be calculated and assessed in addition to the \$120 minimum premium.

- If you add coverage, see "How much will it cost?" for wage reporting requirements.
What if I do not add elective coverage with this application?
- Apply later to add using BWC form U-3S.
- Coverage is added the date we receive your completed application, and applicable premiums charged.
- Note: If you choose not to add elective coverage for these individuals and he/she is injured at work, other insurance may not cover the work-related disability or medical bills. Does the church need coverage for a minister?
- Ordained ministers are not considered employees for the purpose of workers' compensation by Ohio law and therefore, a church must add coverage for the ministers they want to cover under its policy.
- If the religious entity does not choose to cover a minister and the minister wants to have workers' compensation coverage, they would need a policy as a sole proprietor and add elective coverage for themselves. The minimum and maximum reporting for payroll would apply and see "how much will it cost?" for more information.
How do I cancel elective coverage?
- Must cancel coverage in writing. If written cancellation notice is not received, coverage will remain, and you will be invoiced applicable premiums.
- Coverage will renew each July unless we receive a written request to cancel.
- Failure to pay billed premiums will lapse your coverage, however you will continue to be charged premiums during any lapsed period.
*Owner/officer/minister information
- Thoroughly complete owner/officer/minister information to avoid processing delays.
- Information required for owners/officers/ministers to submit this application;
 - Name
 - Home mailing address
 - Social security number
 - Title
 - Job duties
 - Phone number and email address.

Description of operations*

- Describe, in detail, your services and/or products, including the method of operations performed in Ohio.
- Please list details including any machinery, equipment, tools and raw, semi-finished materials used to perform all duties.
- Mark the best industry selection and checkbox to match your operations.
 - Refer to OAC 4123-17-04 for more information and rules around classification.
 - Refer to OAC 4123-17-08 for the rules regarding the assignment of class codes

Instructions

Estimated annual payroll by operation type*

- Provide the 12-month estimated Ohio payroll for each operation conducted by employees and the estimated number of employees in each.
- Include corporate officers in payroll totals pursuant to the OAC 4123-17-14.
- Any included coverage individual(s) estimated 12-month payroll per minimum/maximum rules, OAC 4123-17-07.
- Used to estimate and calculate any applicable no coverage penalty.

Premium payment installment plan

- Choose the payment plan best for the business, and we will do our best to accommodate your selection.
- Annual premiums totaling \$250 or less will be billed as a one pay, due at the beginning of each policy year.
- If your preferred installment plan is unavailable, we will pick the closest plan when your application is being processed.
- The preferred plan on the application will be noted for consideration upon renewal of the policy.

Business formation and policy affiliations*

- Indicate the selection that best describes how the operation or business was established.
- Notice of purchase, sale, merger information involving other policies.
 - Need payroll records up to five years from the previous employer.
 - Refer to OAC 4123-17-02 for the definition of successor requiring notice to workers' compensation, even with no purchase involved in some instances.
- Operations being continued by a family member with an active policy, you may submit to update the existing policy and may not need to complete this application.
 - You may complete BWC form U-117 Notification of Policy Update will update ownership details necessary with necessary signatures.
 - And, BWC form U-118 Notification of Business Purchase/Merger/Sale to make additional updates and obtain necessary signatures for changes on an existing policy.
- Provide information of affiliated policies for those owners or officers with ownership of the new entity.

Certification to submit application*

- Provide the name, title and date of the individual completing the application when submitted.

No employee questionnaire

- For those needing a certificate of coverage without providing coverage for any employees, or being amenable by state law, to gather additional information why the policy and coverage is desired and properly underwrite the policy.

After my application is processed, what's next?

- Create an online e-account at www.bwc.ohio.gov for additional access after your policy is issued. Most information is found on our website at www.bwc.ohio.gov.
- Receive your Certificate of Coverage
- An invoice statement showing the reconciliation of the \$120 application fee and any additional premiums or calculated no coverage penalty for applicable employers.

How to contact us

Toll-free: 1-800-644-6292,

Monday through Friday, 7:30 a.m. – 5:30 p.m.

- Hearing impaired:
The Ohio Relay Service (ORS) provides full telephone accessibility to people who are deaf, deaf-blind, hard-of-hearing or speech-disabled. Specially trained Communication Assistants (CA's) process relay calls and stay on the line to relay conversations electronically, over a Text Telephone (TTY) or, in some cases, verbally to hearing parties. To contact ORS, please call 7-1-1 and please have the telephone number that you wish to call ready in advance.
- Live chat support is available during the application process Monday through Friday, 8:00 a.m. – 5:00 p.m.



Have questions? Need assistance? We are here to help!

Call 1-800-644-6292 and listen to the options to reach a customer service representative available Monday through Friday from 7:30 a.m. to 5:30 p.m. EST.

Visit our website for more information at www.bwc.ohio.gov.

Complete all required fields (*) to avoid processing delays.

BWC will return applications without the \$120 non-refundable application fee.

*General information

*Legal business name/Homeowner *Federal employer identification number/Social Security number

Doing business as

*Do you currently have any Ohio employees? Or do you plan on hiring Ohio employees within the next 12 months? *First hire date

*Business address

*Primary physical location (Ohio preferred) address line 1 (P.O. Box not allowed) Address line 2

*City *State *ZIP code

Mailing address Check if your mailing address is the same as above.

*Mailing address line 1

*City *State *ZIP code

Additional Ohio business name

Additional Ohio physical location address line 1 (P.O. Box not allowed) Address line 2

City State OH ZIP code

Note: List any additional locations at the end of this form.

*Business communication

*Business email *Business phone Is this a cell phone? Yes No

Mailing address attention to Business website Business fax

Contacts

*Primary contact name (First, Middle Initial, Last, and Suffix)

*Contact email *Contact phone Is this a cell phone? Yes No

*Title/Contact type

Secondary contact name

Contact email Contact phone Is this a cell phone? Yes No

Title/Contact type

Legal business name	Quote/Policy (BWC use only)
---------------------	-----------------------------

***Business entity type**

- | | | |
|--|--|--|
| <input type="checkbox"/> Sole proprietor | <input type="checkbox"/> Limited partnership** | <input type="checkbox"/> Corporation** |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited liability company acting as a corporation** | <input type="checkbox"/> Family farm corporation** |
| <input type="checkbox"/> Limited liability company acting as a sole proprietor** | <input type="checkbox"/> Association** | <input type="checkbox"/> State/Local government |
| <input type="checkbox"/> Limited liability company acting as a partnership** | <input type="checkbox"/> Individual incorporated as a corporation** | |

Note: For the above (**) entities, complete the required fields below (**).

**Charter number	**Incorporation date	**State of incorporation
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Homeowner/Domestic employer

- Construction – new home, room addition, remodel, roofing** (Adding a new room addition to an existing home, roofing a house, having a deck put on, installing a fence, kitchen remodel, etc.)
 - Hiring an insured contractor
 - Hiring my own employees/labor - for a homeowner and not contractors
- Domestic inside/outside help** (Cook, babysitter, gardener/lawn care, housekeeper, etc.)
- Home improvement/maintenance** (Interior painting of room, door/window repair, drywall repair, minor carpentry work, etc.)

Special employer types

These employer types have additional forms required for processing and to ensure proper coverage. These entities must also register with BWC and follow all appropriate statutes and rules.

- Are you a Temporary Service/Staffing Agency? Yes No
- Are you a Professional Employer Organization (PEO)? Yes No
- Are you an Alternative Employer Organization (AEO)? Yes No
- Are you a nonprofit organization? Yes No

Out-of-state considerations

If you are an Ohio based employer, do you have employees from Ohio who will be working temporarily in another state and have a separate policy to cover them? Yes No

*If yes, we will send you a Notice of Election to Obtain Coverage from Other States for Employees Working Outside of Ohio (U-131), or you can download it from the employer forms section of our website.

Elective coverage

Complete ownership must be provided for any sole proprietor or partnership entity types to equal 100% total ownership. Churches who wish to cover their ministers must provide the demographic information for the minister and should read the below regarding elective coverage. If you find a need for elective coverage later, complete the Application for Elective Coverage (U-3S).

Coverage on the owner/officer(s) of certain entity types, or coverage for a minister is voluntary. Listed below are the individuals who qualify for elective coverage (OAC 4123-17-07). See the instructions for additional information and requirements for reporting of wages and premiums.

- Sole proprietor
- Partnership
- Limited partnership
- Limited liability company acting as a sole proprietor
- Limited liability company acting as a partnership
- Family farm corporate officers
- Ordained or associate minister of a religious organization
- Individual incorporated as a corporation (with no employees) (I-corp)

If individuals at the company meet the qualifications for elective coverage, you must enter their name and demographic details in the owner/officer/minister information section. If you select yes to add elective coverage, understand by doing so, you are acknowledging and agreeing to the minimum and maximum payroll reporting requirements outlined in the instructions and in accordance with OAC 4123-17-30. Remember, if you do not cover this individual, and that person is injured at work, BWC will not provide coverage, and other insurance may not cover a work-related disability or related medical bills.

Initial to acknowledge you have read and understand the elective coverage guidelines.

Legal business name	Quote/Policy (BWC use only)
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***Owner/Officer/Minister information**

*Name (First, Middle Initial, Last, and Suffix)
 Dr. Mr. Mrs. Ms.

*Home mailing street address

*City	*State	*ZIP code
-------	--------	-----------

*Social Security number	Date of birth	*Ownership %
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*Email	*Phone number	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------	---------------	--

***For individuals that qualify for elective coverage, do you wish to elect coverage? (See elective coverage section)**
 YES, add elective coverage for this person and agree to reporting and cancellation requirements per OAC 4123-17-30.
 NO, do not add coverage for this person, and understand that BWC will not pay benefits for a work-related injury for this person since coverage is declined.

*Job duties	*Title
-------------	--------

Are you a volunteer for a nonprofit entity? Yes No

*Name (First, Middle Initial, Last, and Suffix)
 Dr. Mr. Mrs. Ms.

*Home mailing street address

*City	*State	*ZIP code
-------	--------	-----------

*Social Security number	Date of birth	*Ownership %
-------------------------	---------------	--------------

*Email	*Phone number	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------	---------------	--

***For individuals that qualify for elective coverage, do you wish to elect coverage? (See elective coverage section)**
 YES, add elective coverage for this person and agree to reporting and cancellation requirements per OAC 4123-17-30.
 NO, do not add coverage for this person, and understand that BWC will not pay benefits for a work-related injury for this person since coverage is declined.

*Job duties	*Title
-------------	--------

Are you a volunteer for a nonprofit entity? Yes No

*Name (First, Middle Initial, Last, and Suffix)
 Dr. Mr. Mrs. Ms.

*Home mailing street address

*City	*State	*ZIP code
-------	--------	-----------

*Social Security number	Date of birth	*Ownership %
-------------------------	---------------	--------------

*Email	*Phone number	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------	---------------	--

***For individuals that qualify for elective coverage, do you wish to elect coverage? (See elective coverage section)**
 YES, add elective coverage for this person and agree to reporting and cancellation requirements per OAC 4123-17-30.
 NO, do not add coverage for this person, and understand that BWC will not pay benefits for a work-related injury for this person since coverage is declined.

*Job duties	*Title
-------------	--------

Are you a volunteer for a nonprofit entity? Yes No

Legal business name

Quote/Policy (BWC use only)

***Description of operations**

Describe your services and/or products, including your method of operations performed in Ohio. List any machinery, equipment, tools, raw, and semi-finished materials used to perform all duties.

Industry groups

Mark the best selection(s) to describe those business operation(s) and/or goods/services provided.

Agriculture

Utility

Extraction

Commercial

Manufacturing

Service

Construction

High risk commercial/Service

Transportation

Office work/Miscellaneous

Legal business name	Quote/Policy (BWC use only)
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Estimated annual payroll

Include the employee operation type, estimated number of employees, and estimated 12-month payroll. Include any owner/officer(s) of a corporation, association, or a limited liability company acting as a corporation (except for individuals incorporated as a corporation without employees). These owner/officer(s) are covered as statutory employees (i.e., coverage is not voluntary) and *should* be included in the estimated annual payroll.

*Operation type (List all types - attach additional sheets if necessary). Provide estimated information for all employees including corporate officers as noted above.	Estimated number of employees	Estimated total payroll
Clerical office personnel (no duties outside the office, in sales or service, no counter service or exposure to factory operations)		
Clerical telecommuter (clerical employees working from residence)		
Domestic workers - residences (not for construction entities)		
Drivers (truck or delivery)		
Traveling salespeople (no handling, service, or delivery)		

Elective coverage annual payroll

*If you have elected coverage for an individual, list their names below and estimate the 12-month payroll for each. You must follow the minimum/maximum reporting requirements for these individuals as outlined, which can be found online at www.bwc.ohio.gov.

Name of individual electing coverage	Estimated total payroll

Installment plan selection

Select the installment option you prefer for the next full policy year. For premiums totaling \$250 or less BWC will set an annual payment plan. Otherwise, if a selection is not made, a bimonthly (6) payment plan will be selected.

- Annual (1)
 Semiannual (2)
 Quarterly (4)
 Bimonthly (6)
 Monthly (12)

For partial policy years, not starting on July 1, BWC will match as closely as possible to your selection.

***Business formation/Purchase/Sale**

*Which best describes the business formation in Ohio?

- Formation of a new entity operating in Ohio
 Asset purchase only**
 Involuntary transfer**
 Merger**
 Purchase**

Note: For any (**) above, you *must* complete the related purchase/sale & policy affiliations below. Any information omitted is subject to BWC findings and process.

Legal business name	Quote/Policy (BWC use only)
---------------------	-----------------------------

Purchase/Sale & Policy affiliations

*Prior business name	Prior policy number
----------------------	---------------------

*Date of transaction for purchase/merger/transfer

*Is there a written agreement with this transaction? Yes No (If yes, BWC may request a copy of the agreement.)

*Are you aware of any portions of the former business still having additional ongoing operations? Yes No

If yes, provide detail

*How many employees did you hire from the former employer?

*Are you operating in the same location as the former employer had? Yes No

*Do you continue to service the contracts or client lists of the former employer? Yes No

*During the transfer, have operations continued without interruption? Yes No

*Are you conducting business in a similar manner as the former employer? Yes No

If no, provide detail

*Name of the individual to contact regarding this transaction

*Email	*Phone number	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------	---------------	--

*Have any of the owners/officers associated with this business been affiliated with another Ohio workers' compensation policy before now? Yes No
 If yes, please list the names of those owners/officers or businesses and policy number(s), if known.

Prior business name	Prior policy number

Certification

I, _____ (print certifier name) certify I have the authority to execute this application, and that the facts set forth on this application are true and correct to the best of my knowledge and belief. I am aware that any person who does not secure or maintain workers' compensation coverage and pay all appropriate premiums in accordance with Ohio laws, or misrepresents, conceals facts, or makes false statements to obtain coverage may be subject to civil, criminal, and/or administrative penalties.

Certifier signature _____ Title _____ Date _____

WARNING: The policy is not in effect until BWC receives the completed application with the \$120 non-refundable application fee. In addition, coverage is contingent on the timely receipt of the first installment payment. BWC cannot process incomplete applications or applications submitted without payment. Signature and date are required.

BWC USE ONLY						
Policy number	Quote number	Effective date	Payment type <input type="checkbox"/> Money order <input type="checkbox"/> Check	Payment amount	Date received	Initials

Legal business name	Quote/Policy (BWC use only)
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No employee questionnaire

Background

Frequently, customers submit applications for workers' compensation where no requirement for coverage is indicated. This is often related to the business or individual indicating they have no employees. Nationwide, there is a trend to expand the definition of an independent contractor for the sole purpose of avoiding payment of workers' compensation premiums for those who should be employees. Determining the status of a worker as independent or employee status may require more analysis.

We will provide coverage for a business or individual where coverage is required, and underwriting guidelines are met. However, where the relationship between a worker and the business hiring them appears to be one of employer/employee, a policy issued to the worker offers no value for either the worker or the hiring entity. In such cases we may deny coverage.

Since you are requesting coverage in a situation where no employees are anticipated, provide response to the below questionnaire to provide us with some additional information to aid in our review as we process your application for coverage.

1. Why is coverage desired?

- I am an independent contractor.
- I am an out of state employer wanting to bid on a job in Ohio.
- My business is in its beginning start-up phase.
- Other

Description

2. Are jobs awarded to you through a competitive bidding process? Yes No

3. Is there a written contract between you and the general contractor for each new job? Yes No

4. Is there direct supervision, instruction, or training provided by the general contractor for the work you are performing?
 Yes No

5. Who provides the materials, supplies, tools, and equipment used to perform your work?

- General contractor
- Self

6. How are you paid by the general contractor?

- Commission
- Contract price
- Hourly
- Per job
- Other

Description

7. Do you have auditable records in the name of your business? Yes No

8. How do you track your business expenses?

- Business checking account
- Cash distribution journal
- Personal checking account
- Other

Description

Independent Contractor/Employee Questionnaire

Injured worker name: _____ Claim number: _____

Question	Yes	No
1) Is the person required to comply with instructions from the other contracting party regarding the manner or method of performing services?		
2) Is the person required by the other contracting party to have particular training?		
3) Are the person's services integrated into the regular functioning of the other contracting party?		
4) Is the person required to perform the work personally?		
5) Was the person hired, supervised, or paid by the other contracting party?		
6) Does a continuing relationship exist between the person and the other contracting party that contemplates continuing or recurring work even if the work is not full time?		
7) Are the person's hours of work established by the other contracting party?		
8) Is the person required to devote full time to the business of the other contracting party?		
9) Is the person required to perform the work on the premises of the other contracting party?		
10) Is the person required to follow the order of work set by the other contracting party?		
11) Is the person required to make oral or written reports of progress to the other contracting party?		
12) Is the person paid for services on a regular basis such as hourly, weekly, or monthly?		
13) Are the person's expenses paid for by the other contracting party?		
14) Are the person's tools and materials furnished by the other contracting party?		
15) Is the person provided with the facilities used to perform services?		
16) Does the person fail to realize a profit or suffer a loss as a result of the services provided?		
17) Does the person only perform the service for this specific employer, rather than a number of employers at the same time?		
18) Does the person choose not to make the same services available to the general public?		
19) Does the other contracting party have a right to discharge this person?		
20) Does the person have the right to end the relationship with other contracting party without incurring liability pursuant to an employment contract or agreement?		

Determination of Worker Status for Purposes of Federal Employment Taxes and Income Tax Withholding

► Information about Form SS-8 and its separate instructions is at www.irs.gov/formss8.

For IRS Use Only:
Case Number:

Earliest Receipt Date:

Name of firm (or person) for whom the worker performed services		Worker's name	
Firm's mailing address (include street address, apt. or suite no., city, state, and ZIP code)		Worker's mailing address (include street address, apt. or suite no., city, state, and ZIP code)	
Trade name	Firm's email address	Worker's daytime telephone number	Worker's email address
Firm's fax number	Firm's website	Worker's alternate telephone number	Worker's fax number
Firm's telephone number (include area code)	Firm's employer identification number	Worker's social security number	Worker's employer identification number (if any)

Note. If the worker is paid for these services by a firm other than the one listed on this form, enter the name, address, and employer identification number of the payer. ►

Part I General Information

- This form is being completed by: Firm Worker; for services performed _____ to _____.
(beginning date) (ending date)
- Explain your reason(s) for filing this form (for example, you received a bill from the IRS, you believe you erroneously received a Form 1099 or Form W-2, you are unable to get workers' compensation benefits, or you were audited or are being audited by the IRS). _____
- Total number of workers who performed or are performing the same or similar services: _____
- How did the worker obtain the job? Application Bid Employment Agency Other (specify) _____
- Attach copies of all supporting documentation (for example, contracts, invoices, memos, Forms W-2 or Forms 1099-MISC issued or received, IRS closing agreements or IRS rulings). In addition, please inform us of any current or past litigation concerning the worker's status. If no income reporting forms (Form 1099-MISC or W-2) were furnished to the worker, enter the amount of income earned for the year(s) at issue \$ _____.
If both Form W-2 and Form 1099-MISC were issued or received, explain why. _____
- Describe the firm's business. _____
- If the worker received pay from more than one entity because of an event such as the sale, merger, acquisition, or reorganization of the firm for whom the services are performed, provide the following: Name of the firm's previous owner: _____
Previous owner's taxpayer identification number: _____ Change was a: Sale Merger Acquisition Reorganization
 Other (specify) _____
Description of above change: _____
Date of change (MM/DD/YY): _____
- Describe the work done by the worker and provide the worker's job title. _____
- Explain why you believe the worker is an employee or an independent contractor. _____
- Did the worker perform services for the firm in any capacity before providing the services that are the subject of this determination request?
 Yes No N/A
If "Yes," what were the dates of the prior service? _____
If "Yes," explain the differences, if any, between the current and prior service. _____
- If the work is done under a written agreement between the firm and the worker, attach a copy (preferably signed by both parties). Describe the terms and conditions of the work arrangement. _____

Part II Behavioral Control (Provide names and titles of specific individuals, if applicable.)

- 1 What specific training and/or instruction is the worker given by the firm? _____
- 2 How does the worker receive work assignments? _____
- 3 Who determines the methods by which the assignments are performed? _____
- 4 Who is the worker required to contact if problems or complaints arise and who is responsible for their resolution? _____
- 5 What types of reports are required from the worker? Attach examples.

- 6 Describe the worker's daily routine such as his or her schedule or hours. _____
- 7 At what location(s) does the worker perform services (for example, firm's premises, own shop or office, home, customer's location)? Indicate the appropriate percentage of time the worker spends in each location, if more than one. _____
- 8 Describe any meetings the worker is required to attend and any penalties for not attending (for example, sales meetings, monthly meetings, staff meetings). _____
- 9 Is the worker required to provide the services personally? Yes No
- 10 If substitutes or helpers are needed, who hires them? _____
- 11 If the worker hires the substitutes or helpers, is approval required? Yes No
If "Yes," by whom? _____
- 12 Who pays the substitutes or helpers? _____
- 13 Is the worker reimbursed if the worker pays the substitutes or helpers? Yes No

Part III Financial Control (Provide names and titles of specific individuals, if applicable.)

- 1 List the supplies, equipment, materials, and property provided by each party:
The firm: _____
The worker: _____
Other party: _____
- 2 Does the worker lease equipment, space, or a facility? Yes No
If "Yes," what are the terms of the lease? (Attach a copy or explanatory statement.) _____
- 3 What expenses are incurred by the worker in the performance of services for the firm? _____
- 4 Specify which, if any, expenses are reimbursed by:
The firm: _____
Other party: _____
- 5 Type of pay the worker receives: Salary Commission Hourly Wage Piece Work
 Lump Sum Other (specify) _____
If type of pay is commission, and the firm guarantees a minimum amount of pay, specify amount. \$ _____
- 6 Is the worker allowed a drawing account for advances? Yes No
If "Yes," how often? _____
Specify any restrictions. _____
- 7 Whom does the customer pay? Firm Worker
If worker, does the worker pay the total amount to the firm? Yes No If "No," explain. _____
- 8 Does the firm carry workers' compensation insurance on the worker? Yes No
- 9 What economic loss or financial risk, if any, can the worker incur beyond the normal loss of salary (for example, loss or damage of equipment, material)? _____
- 10 Does the worker establish the level of payment for the services provided or the products sold? Yes No
If "No," who does? _____

Part IV Relationship of the Worker and Firm

- 1 Please check the benefits available to the worker: Paid vacations Sick pay Paid holidays
 Personal days Pensions Insurance benefits Bonuses
 Other (specify) _____
- 2 Can the relationship be terminated by either party without incurring liability or penalty? Yes No
If "No," explain your answer. _____
- 3 Did the worker perform similar services for others during the time period entered in Part I, line 1? Yes No
If "Yes," is the worker required to get approval from the firm? Yes No
- 4 Describe any agreements prohibiting competition between the worker and the firm while the worker is performing services or during any later period. Attach any available documentation. _____
- 5 Is the worker a member of a union? Yes No
- 6 What type of advertising, if any, does the worker do (for example, a business listing in a directory or business cards)? Provide copies, if applicable. _____
- 7 If the worker assembles or processes a product at home, who provides the materials and instructions or pattern? _____
- 8 What does the worker do with the finished product (for example, return it to the firm, provide it to another party, or sell it)? _____
- 9 How does the firm represent the worker to its customers (for example, employee, partner, representative, or contractor), and under whose business name does the worker perform these services? _____

Part V For Service Providers or Salespersons. Complete this part if the worker provided a service directly to customers or is a salesperson.

- 1 What are the worker's responsibilities in soliciting new customers? _____
- 2 Who provides the worker with leads to prospective customers? _____
- 3 Describe any reporting requirements pertaining to the leads. _____
- 4 What terms and conditions of sale, if any, are required by the firm? _____
- 5 Are orders submitted to and subject to approval by the firm? Yes No
- 6 Who determines the worker's territory? _____
- 7 Did the worker pay for the privilege of serving customers on the route or in the territory? Yes No
If "Yes," whom did the worker pay? _____
If "Yes," how much did the worker pay? _____ \$
- 8 Where does the worker sell the product (for example, in a home, retail establishment)? _____
- 9 List the product and/or services distributed by the worker (for example, meat, vegetables, fruit, bakery products, beverages, or laundry or dry cleaning services). If more than one type of product and/or service is distributed, specify the principal one. _____
- 10 Does the worker sell life insurance full time? Yes No
- 11 Does the worker sell other types of insurance for the firm? Yes No
If "Yes," enter the percentage of the worker's total working time spent in selling other types of insurance _____ %
- 12 If the worker solicits orders from wholesalers, retailers, contractors, or operators of hotels, restaurants, or other similar establishments, enter the percentage of the worker's time spent in the solicitation _____ %

Sign Here Under penalties of perjury, I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct, and complete.

▶ _____ Title ▶ _____ Date ▶ _____
Type or print name below signature.

MedMutual Accident and Accident Plus FAQs

Accident and Critical Illness Coverage for Individuals

1. Why should I enroll in a MedMutual Accident or Accident Plus plan?

Just one accident that leads to an unexpected visit to a hospital, or a diagnosis of a critical illness, can result in significant medical bills. This could leave your family financially strained. MedMutual Accident and Accident Plus coverage gives you the peace of mind knowing you'll have extra cash to cover your expenses.

2. Why do I need accident or critical illness coverage if I have health insurance?

MedMutual Accident and Accident Plus plans act as an additional layer of protection and provide a cash benefit to help you pay for expenses that health insurance does not cover, such as deductibles, copays and coinsurance, as well as personal bills.

3. Can I enroll in one of these plans if I don't have health insurance?

Yes, you can. Medical insurance is not required in order to purchase accident and critical illness coverage.

4. Do I need to have a medical exam in order to purchase accident and critical illness coverage?

There is no medical exam required to purchase accident and critical illness coverage from Medical Mutual.

5. Are benefit payments dependent on healthcare coverage?

No, the cash benefit payment does not coordinate with your healthcare coverage. The benefit amount is paid in accordance to the plan coverage you have selected.

6. How can I use my cash benefit?

There are no restrictions on how you can spend your benefit payment. You can use the benefit to pay medical expenses such as health insurance deductibles, coinsurance or copayments. You can also use the cash benefit to cover your personal expenses.

7. Are the Accident and Accident Plus plans compatible with health savings accounts (HSAs)?

Yes, they are. A cash benefit payment received from an eligible claim can be deposited into an HSA. It is important that HSA contributions do not exceed the current year allowable maximums for individuals and families.

8. Who can be covered under the MedMutual Accident or Accident Plus plan?

Medical Mutual offers coverage for individuals 18 to 64 years old, their spouses and children under 26 years old. Eligible individuals must live in Ohio at least six months a year.

9. How do I enroll in accident and critical illness coverage?

Contact your broker or sales agent to enroll. If you do not have a broker, you can purchase a MedMutual Accident or Accident Plus plan online at [MedMutual.com/Accident](https://www.MedMutual.com/Accident). You can also enroll over the phone by calling Medical Mutual at 1-866-397-8406.

10. How is the benefit amount determined?

MedMutual Accident and Accident Plus plans pay in accordance to the benefit that you have selected.

- Accident—pays up to the selected plan benefit amount per accident with no annual cap
The maximum dollar amount determined as payable for a particular covered service and on which benefits are calculated are based on the allowed amount that is payable to a covered person by a health plan. This can generally be found on the Explanation of Benefits (EOB) issued by a health plan and is typically less than the provider's actual billed charge. In the absence of health coverage or if an EOB is not available, the amount that will be payable under this plan will be 50% of the provider's billed charges.
- Critical Illness—pays a lifetime maximum

11. What critical illnesses are covered under the Accident Plus plans?

MedMutual Accident Plus plans provide coverage for the following critical conditions: heart attack, coronary artery bypass, stroke, life-threatening cancer, carcinoma in situ, kidney failure and major organ transplant.

12. Do pre-existing condition limitations apply to accident and critical illness coverage?

Yes, pre-existing condition limitations apply to accident and critical illness coverage. A pre-existing condition is an illness or injury for which you received treatment within a specified period of time prior to your effective date of coverage under Accident or Accident Plus plans. If you have a pre-existing condition, your coverage for that specific condition will begin after the following timeframe:

- Critical illness—12 months
- Accident—3 months

Any accident or critical illness that did not have a pre-existing condition will be covered as soon as your coverage is effective.

13. I have purchased coverage for my spouse and me. Are we eligible for the same benefit amount?

Yes, your spouse is eligible for the same coverage amount as you.

14. I have purchased coverage for my children. Will they have the same benefit amount as me?

Your children will have the same amount of coverage for accidents. Critical illness coverage has a reduced benefit of \$2,500 for dependents under the age of 26.

15. Will I have the same level of coverage when traveling outside of United States?

Yes, you will have the same level of coverage when traveling outside of the country for up to 30 days if you have an emergency.

16. How do I file a claim?

You will need to complete a claim form. Download an electronic copy of the claim form at MedMutual.com/LifeForms or request a form by calling 1-877-271-4094 from 7:30 a.m. to 4 p.m., Monday through Friday.

You can email your completed claim form to Claims@MedMutual.com or mail it to:

MedMutual Life Insurance Company
Attn: Claims Department, MZ: 02-1B-5355
100 American Road Brooklyn, OH 44144-2322

For more detailed information about any of these topics, please refer to your MedMutual Accident or Accident Plus certificate of coverage.

MedMutual Accident and Critical Illness

Protect Yourself From Life's Unexpected Moments

While there is no way to prepare for illnesses or accidents, you can find comfort in knowing you have an extra safety net available — just in case. Medical Mutual offers plans that pay a cash benefit when you experience an accident and critical illness. That cash can be used to help cover out-of-pocket expenses such as health insurance deductibles and personal bills. Choose from the plan options listed below. Coverage options are available for your family members as well.

Benefit amounts and maximums listed apply per insured person. Pre-existing condition limitations apply.

	Accident 2000	Accident 4000	Accident 6000	Accident Plus 2000	Accident Plus 4000	Accident Plus 6000
Benefit						
Accident Medical expense coverage per accident	\$2,000 maximum per accident	\$4,000 maximum per accident	\$6,000 maximum per accident	\$2,000 maximum per accident	\$4,000 maximum per accident	\$6,000 maximum per accident
Critical Illness* One-time diagnosis of a covered critical illness (e.g., heart attack, stroke, life-threatening cancer, etc.)	—	—	—	\$7,500	\$7,500	\$7,500

*Dependent coverage for critical illness is limited to \$2,500.

Individual Monthly Rates

	Accident 2000	Accident 4000	Accident 6000	Accident Plus 2000	Accident Plus 4000	Accident Plus 6000
Age						
18–19	\$10.18	\$13.52	\$16.05	\$11.60	\$14.94	\$17.47
20–24	\$9.60	\$12.75	\$15.13	\$10.89	\$14.04	\$16.42
25–29	\$9.21	\$12.23	\$14.52	\$11.02	\$14.04	\$16.33
30–34	\$9.12	\$12.10	\$14.37	\$12.06	\$15.04	\$17.31
35–39	\$9.12	\$12.10	\$14.37	\$13.56	\$16.54	\$18.81
40–44	\$9.02	\$11.97	\$14.22	\$16.05	\$19.00	\$21.25
45–49	\$9.21	\$12.23	\$14.52	\$20.92	\$23.94	\$26.23
50–54	\$9.70	\$12.88	\$15.28	\$23.76	\$26.94	\$29.34
55–59	\$10.18	\$13.52	\$16.05	\$32.40	\$35.74	\$38.27
60–64	\$10.67	\$14.17	\$16.81	\$25.48	\$28.98	\$31.62
Child	\$10.29	\$13.13	\$14.07	\$10.59	\$13.43	\$14.37

Eligibility Requirements

- Individuals 18-64 years old, their spouses and dependent children under 26 years old are eligible.
- Individuals must live in Ohio at least six months per year.
- Pre-existing condition limitations:
 - Conditions treated in the past 3 months will not be covered for 12 months for accidents
 - Conditions treated in the past 12 months will not be covered for 12 months for critical illnesses

Calculating Your Rate

The rate for an individual is calculated according to his or her age bracket. For example, a 40-year-old individual who would like to enroll in the MedMutual Accident 2000 plan would have a monthly rate of \$9.02.

The rate for a family is calculated by adding the individual rates of each family member according to his or her age bracket. For example, a 40-year-old individual would like to enroll his family in the MedMutual Accident 2000 plan. The family consists of a 35-year-old spouse and two children. The rate would be calculated as follows:

- \$9.02 for the 40-year-old primary policyholder
- \$9.12 for the 35-year-old spouse
- \$10.29 for each child

The total monthly rate for the family would be: $\$9.02 + \$9.12 + \$10.29 + \$10.29 = \$38.72$

Plan Features

- Guaranteed issue
- No underwriting required
- Available as a standalone benefit
- Compatible with Health Savings Accounts (HSAs)
- No restrictions on cash benefit spending

How Benefits are Determined

The maximum dollar amount determined as payable for a particular covered service upon which benefits are calculated is based on the allowed amount that is payable to a covered person by a health plan. This can generally be found on the Explanation of Benefits (EOB) issued by a health plan and is typically less than the provider's actual billed charge. In the absence of health coverage or if an EOB is not available, the amount that will be payable under this plan will be 50% of the provider's billed charges.

How to Enroll

- Contact your broker or sales representative to enroll in a Medical Mutual accident and critical illness plan.
- If you do not have a broker, you can purchase coverage over the phone by calling Medical Mutual at 1-866-397-8406.
- If you would like more information about plan options or to enroll in a plan online visit MedMutual.com/Accident and follow the steps for getting an accident and critical illness coverage quote.

This document is only a brief summary of benefits. Product limitations, exclusions, waiting and elimination periods apply. Please refer to product-specific policy certificates for the actual terms and conditions. In the event there are discrepancies with the information on this page, the terms and conditions of the policy certificate for each product will govern.

These products do not qualify as Minimum Essential Coverage as defined under the Affordable Care Act. If you don't have Minimum Essential Coverage, you may be subject to a federal tax penalty. The termination or loss of the coverage of these products does not entitle you to a special enrollment period to purchase a health benefit plan that qualifies as Minimum Essential Coverage outside of an open enrollment period. These products include a pre-existing condition exclusion provision.

This advertisement is for policy form numbers STIND-IPACC and STIND-IPCRITILL. These are limited benefit indemnity policies.

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